

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
FACILITY LICENSING AND INVESTIGATIONS SECTION

Page 1 of ____

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

St. Vincent's Hospital

2800 Main Street

Bridgeport, CT. 06606

FLIS Staff

Lisa A. DiLorenzo RN

Licensure Category:

Acute care

Licensed Bed
Capacity:

Census:

225

Date(s) of onsite inspection: start: 8/13/18 end: 8/14/18

Date(s) additional information obtained: _____

Personnel contacted: Dale Danowski - CNO

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

☐ licensing Inspection ☐ Initial ☐ Renewal ☐ Other (e.g. strikes): _____

☐ Visit **OR** Revisit for the purpose of review of the violation letters dated _____.

☒ See Complaint Investigation CT#23672

☐ Violations of the General Statutes of Connecticut and/or regulations of Connecticut State Agencies were identified at the time of this inspection. See attached violation letter dated _____

☐ Desk Audit _____ ☐ Amended Letter: _____ Original Ltr. _____

☐ Citation # _____ was issued to this facility as a result of this inspection.

☒ Violations of the General Statutes of Connecticut and/or the regulations of Connecticut State Agencies **were not** identified at the time of this inspection.

☐ Citation # _____ was/was not verified as corrected. See attached narrative report.

☐ Narrative report/additional information attached.

☒ See Certification File.

☐ Referral(s) to _____

REPORT SUBMITTED BY: [Signature]

DATE OF REPORT: 8.16.18

☐ Approval for issuance of license granted by: _____ **DATE:** _____
Supervisor/Title